

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
CENTER FOR DISEASE CONTROL
ATLANTA, GEORGIA
SUMMARY MINUTES OF MEETING
February 12, 1974

The Immunization Practices Advisory Committee met in Atlanta, Georgia, February 12, 1974.

COMMITTEE MEMBERS PRESENT

Dr. David J. Sencer, Chairman
Dr. H. Bruce Dull, Executive Secretary
Dr. Elizabeth Barrett-Connor
Dr. R. LeRoy Carpenter
Dr. Theodore C. Eickhoff
Dr. E. Charlton Prather
Dr. Gilbert M. Schiff
Dr. Eleanor G. Shore

Ex Officio

Dr. Paul Parkman, Bureau of Biologics, FDA, DHEW

Liaison (American Academy of Pediatrics)

Dr. Thomas Frothingham

COMMITTEE MEMBERS ABSENT

Dr. Alexander D. Langmuir

STAFF PRESENT

Bureau of Epidemiology:

Dr. John Bryan
Dr. Fred Connel
Dr. Roger Feldm
Dr. William Fly
Dr. Michael Gre
Dr. Michael Hat lck
Dr. Robert Rubi

Bureau of Laboratories:

Dr. Marion Cole i
Dr. Walter Dowd
Dr. Gary Noble
Dr. Jack Poland

Bureau of Smallpox Eradication:

Mr. James Hicks
Dr. Jeffrey Kop i

Bureau of State Services:

Dr. David Benne
Dr. Lyle Conrad
Mr. Harold Maul i
Dr. John Modlin
Dr. Robert Rose erg
Dr. John Witte

The meeting was called to order at 8:30 a.m. by the Chairman, who promptly to the scheduled agenda. The following summary attempts to highlight the Committee deliberation.

Plague Vaccine

Discussions begun at the October 9-10, 1973, meeting were continued. Dr. Poland stated that essentially only persons who are in regular contact with plague through work or residence in endemic areas are candidates for vaccine. Endemic areas are primarily in southeast Asia, although countries in South America, Europe, and Africa also report plague in their continuous or upland regions.

The Committee recommended modifying its plague statement to indicate an even more selective use of vaccine for persons with the likelihood of significant exposure. The group also reviewed data on booster immunization and agreed that satisfactory antibody levels were maintained following a primary series plus 3 boosters with subsequent boosters no more often than every 1 to 2 years. Draft modifications in the statement were reviewed and approved.

Meningococcal Meningitis Vaccine

Review begun at the October 9-10, 1973, meeting was continued. The group's consideration was primarily of a proposed draft statement on the conceptual use of serogroup C polysaccharide vaccine in the United States. The Committee recommended editorial changes, but concurred in the statement's general intent for very limited, selective use of such an antigen.

RhIG Report

Drs. Flynt and Connell of the Birth Defects Branch, Bureau of Epidemiology, discussed their intent to establish a surveillance of Rh hemolytic disease of the newborn. This activity would encompass an ongoing evaluation of the use of RhIG in clinical and public health practice. The Committee encouraged and encouraged the use of RhIG in clinical and public health practice. The Committee encouraged uniform reporting standards and proposed a coordinated effort through applicable medical and public health agencies.

Measles Surveillance (Dr. Rosenberg)

Reported measles cases declined by 16 percent in 1973 relative to 1972. However, some States experienced increases, and sizable epidemics among non-vaccinated children were recognized. Nevertheless, evidence continues to indicate a greater than 90 percent effectiveness of vaccine against natural challenge.

A few cases of alleged "atypical measles" in vaccinated children have been described. Their actual relationship to induced immunity has not been established. The Committee urged efforts to evaluate all possible associations.

Subacute Sclerosing Panencephalitis (Dr. Modlin)

Although no evidence that SSPE has been related directly to measles vaccination, a collaborative surveillance between the University of Tennessee and CDC is being established to explore the condition and any of its antecedents.

Rubella Surveillance (Dr. Modlin)

Congenital rubella syndrome surveillance has been difficult to evaluate because reporting is so incomplete. New sources of information have been sought, namely those offering services to deaf and blind children where disabilities are possibly related to rubella infection.

Age distribution of reported rubella cases suggests a drift to somewhat older children and adolescents who are susceptible. This may indicate that protection of younger children through vaccination has accentuated, in relative terms, the cases in older children and adolescents.

Dr. Bennett reported on rubella vaccine field trials begun in Hawaii in 1969. Results indicate persistence of rubella antibody in essentially all vaccinees, now 2-3 years following administration of the 3 live rubella antigens (HPV-77 DK-12, HPV-77 DE-5, and the Cendehill strain). He also reported on the ability of the RA27/3 strain, given either intranasally or subcutaneously, to boost antibody levels in 25-40 percent of vaccinees having received HPV-77 DE-5 or Cendehill strain vaccine approximately 2 years earlier. A booster effect was induced by HPV-77 DE-5 vaccine given intranasally or subcutaneously in only 9-16 percent of the groups. Neither RA27/3 nor HPV-77 DE-5 produced any booster effect for persons vaccinated with HPV-77 DK-12.

Mumps Surveillance (Dr. Bennett)

Although there is no national mumps immunization program as such, it is evident that in 1973, the lowest number of mumps cases were notified since mumps reporting first began in 1922. The reasons for the decline are not entirely clear but may represent in part the influence of increasing mumps vaccine utilization.

Influenza Surveillance

Twenty states have now reported typical cases and some outbreaks of type B influenza. Virus strains have varied, reportedly typical for type

influenzaviruses. In general, strains have been intermediate, displaying antigen characteristics of the B/Hong Kong variant and of other B viruses recovered in the past 1-2 years. Observed antigen determinants indicate a stable N2 component, but a varying H3. Antigen-antibody avidity in serologic tests has made vaccine potency evaluations difficult.

In a study of older-age persons given monovalent B/Hong Kong vaccine along with or 2 weeks following standard bivalent vaccine, Drs. Rosenber and Noble reported comparable antibody responses. They observed no enhanced reactions in volunteers receiving vaccines simultaneously.

Immune Serum Globulin for Protection Against Viral Hepatitis

Editorial changes were recommended, particularly those relating to hepatitis-B and ISG.

Smallpox

A draft proposal on CV-1 vaccine to incorporate into the revised smallpox statement was reviewed and approved. The Committee restated its conclusion that the use of CV-1 be limited to a preliminary or conditioning immunization prior to regular smallpox vaccination and used only in individuals with dermatologic contraindications to primary vaccination.

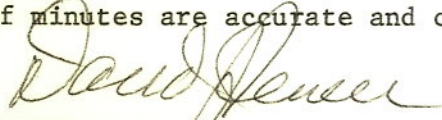
Other Business

The Committee reviewed a proposed draft statement on general recommendations underlying immunization: multi-dose vaccines, hypersensitivity to vaccine components, and simultaneous administration of certain vaccines. Key questions encouraged publication of a general statement to address recurring questions on interrupted vaccination schedules, hypersensitivity to cell-culture-re-produced antigens, and which vaccines may safely and effectively be combined or given simultaneously.

The Committee selected May 16-17, 1974, for its regular spring meeting.

The meeting was adjourned at 5:00 p.m., February 12, 1974.

I hereby certify that, to the best of my knowledge, the foregoing summary of minutes are accurate and complete.



Chairman

/22/74
Date